PATENT APPLICATION S	ERIAL NO.
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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

03/26/2004 JADDO1

00000032 10808513

01 FC:1001 02 FC:1202 770.00 OP 18.00 OP

07/16/2004 HMDHAMM1 00000002 022448 10808513

01 FC:1202 02 FC:1203 36.00 DA 290.00 DA

PTO-1556 (5/87)

*U.S. Government Printing Office: 2002 - 489-267/89033

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10808513

CLAIMS AS FILED - PART I						SMALL ENTITY				OTHER THA			
(Column 1) (Column 2)					, 1	TYPE [OR	SMALL	ENTITY			
TOTAL CLAIMS			21					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	minus 20=		. 3			X\$ 9=		OR	X\$18=	54	
INDEPENDENT CLAIMS				nus 3 =	<u> </u>	0		X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT					□		+145=		OR	+290=	290		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	114		
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CL AIM	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		.(Colum	nn 2)	(Column 3)	^	DD11.1 LL					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
POME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	***	01 4114	=		X43=.		OR	X86=		
	FIRST PRESE	NTATION OF ML	JUIPLE DEP	ENDENI	CLAIM		'	+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CI AINA	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\	+145=		OR	+290=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												